

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by federal agencies. Any information that a federal agency has on file regarding your dealings with the United States government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends, or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

## Privacy Release

**Member of Congress:** Derek Kilmer

**Petitioner/Applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**USCIS receipt number or tracking number** (no Social Security numbers): \_\_\_\_\_

Date of filing: \_\_\_\_\_

Place of filing: \_\_\_\_\_

**Form type(s) – check all that apply:**

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690

☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)

☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: \_\_\_\_\_

Have you contacted another Representative or Senator about the situation for which you are requesting assistance? If so, which office(s)?:

\_\_\_\_\_

You also have my permission to discuss my case with the following individual if I am unavailable (optional):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Brief description of the issue (if you need more space, attach a separate sheet):**

Staff Member: Cheri Fitz Williams Phone: 360-373-9725

Email: cheri.williams@mail.house.gov

**Section below to be completed by the person who is the subject of the records:**

The information I have provided to Representative Kilmer is true and accurate to the best of my knowledge and belief. The assistance I have requested from Representative Kilmer's office is in no way an attempt to evade or violate any federal, state, or local law. In addition, I acknowledge that the information I share with Representative Kilmer and his staff will be shared with any and all government agencies Representative Kilmer and his staff deem necessary while assisting me in relation to my inquiry.

I, (print your name) \_\_\_\_\_, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative Derek Kilmer and the Member's staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_